

REPORT OF INJECTION PROJECT

MONTH

YEAR

Instructions: Each operator of an enhanced recovery injection well, project or unit, shall submit Form 11 EOR no later than the 25th day of the month following the month reported. Report each project or unit on a separate form. Record each well in the unit or project, and report all pressure readings per well. Submit one original of this form.

Name of Injection Project

Lease/Project Number

Operator

Mailing Address

Field Name & Reservoir

County

Location

WATER INJECTION

Total active water injection wells beginning of month _____

Total shut-in injection wells beginning of month _____

Total water injected during month _____

INJECTION PRESSURES

Date	API Number	Well Name	Injection/ Tubing String PSIG	Tubing/ Casing Annulus PSIG	Long String/ Surface Casing Annulus PSIG

(Use Page 2 if additional wells are reported.)

I/WE CERTIFY THAT ALL INFORMATION IS COMPLETE AND CORRECT:

Signature

Print or Type Name

Title

Date

